Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

6446

(Column 1) (Column 2)								SMALL ENTITY			OTHER THAN		
T-7	OTAL CLAIMS				(COIL	(Column 2)		TYPE		OR -			
TOTAL CLAIMS			60		· .			RATE	FEE	4	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			Te mir	nus 20=	*			X\$ 9=		OR	X\$18=		
IN	DEPENDENT C	LAIMS	m	inus 3 =		\mathcal{Y}		X43=		OR	X86=		
MU	JLTIPLE DEPEI	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				L	TOTAL		OR	TOTAL	770	
CLAIMS AS AMENDED - PART II										J	OTHER		
		(Column 1)	(Column 2)			(Column 3)	· ·_	SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	Γ	X43=		OR	X86=		
<u> </u>	FIRST PRESE	NIATION OF MI	JUIPLE DEF	EPENDENT CLAIM				+145=		OR	+290=		
		•	•		•		∟ ∆1	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING		HIGHI NUME	EST	PRESENT	١٢		ADDI-	1		ADDI-	
		AFTER AMENDMENT		PREVIO	USLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	** .		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		= .		·X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un			
							L	+145= TOTAL		OR	+290=	•	
										OR	TOTAL ADDIT. FEE	•	
		ı					•						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	USLY	PRESENT EXTRA	1	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		. 1	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
			145=		OR	+290=							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADD								TOTAL DIT. FEE		OR ,	TOTAL ODIT. FEE		
***	t the "Highest Nur The "Highest Num	mber Previously Pa ber Previously Paid	id For" IN THIS I For" (Total or	S SPACE is Independe	less than	n 3, enter "3." highest number			opriate box	•			